MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE WRITE AMENDED Registration District No. 2 Primary Registration District No. 4456 Registrar's

20068

DEP	AMT	MER	17 0	F PU		Registration District No. 21 Primary Registration District No. 4456 Registrar's No. 31
DO NOT WRITE ON THIS STUB		AM	ENDE	Þ	_	FILED HIM 12 core
1					1	Trace of Death
VS 300		ן בָּ	1 1			o. COUNTY off CLAIR admission)
Rev. 4/59		2]	1 1		b. CITY (If outside congrate limits, give TOWNSHIP only) Length of stay in 1b I c. CITY I I I I I I I I I
		<u> </u>	1			TOWN a PPLETON CITY 43 W. TOWN a PPLETON CITY YOU AND
<u>'09.30</u>						c. FULL NAME OF (If NOT in hospital, give location) Inside Mmits d. STREET ADDRESS (If cutside, give location) Reside on Farm
20930-		<u> </u>				INSTITUTION CLLOTT. M. NOSP YEAR NO Yes No
3	1	+	╂╌┤	- 		3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year
			11			(Type or print) OF
4 j			11		I –	5. SEX 6. COLOR OR RACE 7. Married Never Married Date Of BIRTH 9. AGE 1/9t birthday) IF UNDER 1 YEAR IF UNDER 24 HR
5			1		•	7 Widowed Divorced 7-8-1910 S/ Months Days Hours Min.
	.				-14	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6	Ş	1	11		ł	during most of working life, even if retired) ROCKUILLE MA. USA
7 2	ś١				7:	38. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
<u> </u>	ᇗ				6	Las Juken BILL Edna Wier Thomas Payne
8 _O	AS					5. WAS DECEASED EVER IN U.S. ARMED FORCES? p. 17. INFORMANT Address
9,000	- 1		11		0	Yes, no, or unknown) [(If yes, give war or dates of servi)
9170X	ARE			-	_	18. CAUSE OF DEATH (Enter only one cause nos line for (a), (b), and (c). PART I. DEATH WAS CAUSED OF DEATH (Enter only one cause nos line for (a), (b), and (c).
10	- 1		11	VE		IMMEDIATE CAUSE (Malegrand Curry) Brain 37765
11	CORD	- 1		OCCUMENT		Individual Charles (a)
1/	E C	3		2		Conditions, if any, DUE TO (b) the last alice of the Morean S Sean
12/-0	2	2				which gave rise to above cause (a),
13/-1)	ᆍ╞	<u> </u>	╅┈╅			stating the under- lying cause last. DUE TO (c)
	ᇹ				z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was
	S		11		ΔĮ	disease condition given in PART 1 (a) there a pregnancy in last 90 days.
	넒		1 1		J.	Yes No Unknown
	AMENDMENT		$\parallel \parallel$		CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) PERFORMED? YES NO
-	핅		11	-	_	20c. TIME OF Hour Month, Day, Year
	₹				MEDICA	INJURY a.m. p.m.
BLACK INK OR RITER RIBBO	-		1 1	-	₹	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
ϫ ≅			1		-	WHILE AT WORK farm, factory, street, office bldg., etc.)
A AC	0 4 2 0	?	1			Store 62. her Store 62
E 7 € 7			1 1			
USE BLAC OR PEWRITER	2	3				Death occurred at 8.60 m/or the date stated above, and to the best of my knowledge, from the causes stated.
USI CPE		[2]	11	<u> </u>		224. SIGNATURE Degree or title) 22b. APPRESS 22b. APPRESS 22c. PATE SIGNED 200.
E.73	Ī	ğ	Ш	 AFFIDAVIT		The state of the s
7	l	5		୕ୗୣଌୗ	2	PEMOVAL (Specify)
4.	2			眶		BURIEL 671-62 CONSTRUCTION CONTROL OF THE PROPERTY SIGNATURE 25. DATE RESTOR BY LOCAL REG. 26. REGISTRAR'S SIGNATURE X
7		5		\ <u>\</u>	N N	PILM Realth of G. C. 10 1920 De Co.
	1	-	1 1	اسا	<u>U</u>	reac acres of the maxime 10, 1164 the about
						(Licensed Embalmer's Statement on Reverse Side)

£961 6 I NUL

we will buy the same

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under m	ny personal supervision.	
Student	Signature of Student Embalmer	_ Signed_ Orion Echloff
	Signature of Stocent Embanner	Licensed Embalmer No. 39×2
		P. O. Addres appletan City Ma